

SAMPLE NOTIFICATION FORM

Dear _____ :

Your application for free and reduced price meals for your child(ren) has been:

___ Approved for free meals.

___ Approved for free meals based on Direct Certification.

___ Approved for reduced price meals:

___ for lunch ___ for breakfast ___ for snacks.

___ Denied for the following reason(s):

() Income over the allowable amount.

() Incomplete application.

() Other: _____

If you do not agree with the decision, you may discuss it with the school. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME _____

ADDRESS _____

PHONE _____

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, fill out an application at that time.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410*, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Sincerely,

(NAME)

(TITLE)